

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

Agency
Number

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION ☐ UNCLASSIFIED

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No. K0230833		10. Budget Program Number OPER01033	
2. Employee Name (leave blank if position vacant)				11. Present Class Title (if existing position) Program Consultant I	
3. Division Operations				12. Proposed Class Title	
4. Section Grants and Contracts		For Use By Personnel Office	13. Allocation		
5. Unit Purchasing			14. Effective Date		
6. Location (address where employee works) Topeka Shawnee City County			15. By		Approved
7. (circle appropriate time) Full time X Perm. Inter. Part time Temp. X %			16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM To: 5:00 PM		17. Audit Date: By: Date: By:			

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name

Title

Position Number

Josh Roerman

Procurement Officer III

K0224343

Who evaluates the work of an incumbent in this position?

Name

Title

Position Number

Josh Roerman

Procurement Officer III

K0224343

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Employee is allowed a great deal of latitude in making decisions for purchase cards and printing. Instructions are given on an as needed basis.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

The person in this position has access to protected health information (PHI) under the provisions of the Health Information Portability Act of 1996 (HIPAA) Privacy Rule. PHI must be treated in accordance with the provisions of the HIPAA Privacy Regulation including the requirements for safeguarding, releasing and recording the release of such information. The person will receive training in the provision of the HIPAA Privacy Regulations as they relate to the duties of this position and has signed a confidentiality agreement.

In addition to the tasks listed below, the incumbent is expected to communicate the Mission, Vision and Guiding Principles of the agency to peers, clients and the public; identify personal strength and developmental needs to increase job performance and long-term career growth. Continually analyze work processes, seek new approaches and make recommendations to enhance efficiency and effectiveness of the agency. Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer service. Uses free time as available to assist other staff in the completion of work assignments. Contributes to a positive work environment through a positive, helpful, courteous demeanor towards staff, clients, and the general public. Adheres to appropriate standards of conduct regarding the use of leave and reports to work on time.

No. Each Task and Indicate Percent of Time	E or M	
45%	E	P-Cards P-Card Administrator. Main contact between UMB, DCF, and Department of Administration. Monitors, reviews and approves central office procurement card charges for payment. Provides assistance to program staff regarding any P-Card issues. Final fiscal approver of administrative payments.
45%	E	Printing Liaison Coordination all incoming and outgoing print requests throughout the various DCF regions and programs. Accurately submits all required information to the State printing office to ensure orders are placed in an efficient and cost effective manner. Monitors progress of active print orders to ensure orders are completed on time and communicates any changes or corrections as needed. Ensures proper formatting of all print ready samples between DCF graphic department and the State printer. Maintains accurate records of all print orders submitted. Ensures orders are properly submitted to the accounting department for payment. Assists departments with coordination and communication between the various points of contact for all printing needs and concerns. Acts as the agency's liaison with the Department of Printing.
10%	M	Other duties as assigned Performs in a backup role for other grant, contract, or procurement related activities as required within delegated authority in accordance with state purchasing policies, laws and regulations.

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name

Title

Position Number

-
23. Which statement best describes the results of error in action or decision of this employee?

- () Minimal property damage, minor injury, minor disruption of the flow of work.
- (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- () Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

Printing orders, from the initiation, preparation and processing of a request to the receipt and acceptance of the delivery must be performed dependably, with a low frequency of error. The results contribute directly to the timely flow of printing needs and coordinating services required by this agency to avoid serious disruption of agency activities. Also this position will be responsible for creating, managing and coordinating the business purchase card program for the entire agency. This involves daily review and reconciling of individual cards while also creating and processing new card applications. Agency personnel depend upon their p-cards to purchase items on a daily basis, interruption to this service would cause severe disruption in providing goods and services to clients and employees throughout the state.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Extensive communication is made with agency personnel, other state agencies and vendors on a daily basis depending on the situation.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

Sedentary – lack of movement may cause stiffness

Eyestrain due to considerable computer use

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Daily: calculator, computer, copier, telephone.

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

Six months of experience in planning, implementing, and monitoring activities relevant to the agency's programs. Education may be substituted for experience as determined relevant by the agency.

Education or Training - special or professional
General Education

Six months of experience in planning, implementing, and monitoring activities relevant to the agency's programs. Education may be substituted for experience as determined relevant by the agency.

Licenses, certificates and registrations

None required.

Special knowledge, skills and abilities

Knowledge of procurement practices and procedures.

Ability to analyze and interpret financial report information and take the appropriate corrective action.

Ability to evaluate and modify accounting systems, procedures, records and controls.

Ability to establish and maintain effective working relationships with coworkers and representatives of other agencies or departments.

Ability to organize and clearly express information in concise written form.

Ability to use personal computers and application software. Working knowledge of Microsoft Suite programs. (Access, Excel, Outlook, Communicator, PowerPoint, Word, SharePoint)

Experience - length in years and kind

Six months of experience in planning, implementing, and monitoring activities relevant to the agency's programs. Education may be substituted for experience as determined relevant by the agency.

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date